

TERM OF AGREEMENT

This agreement shall be effective the \_\_\_\_\_ day of \_\_\_\_\_, 197\_\_\_\_, that being the date of signing by the Department Directors, and shall remain in full force and effect on a continuing basis subject to termination by either party with 90 days' prior written notice.

MODIFICATION OF AGREEMENT

This agreement may be modified in writing at any time by mutual consent of the parties hereto.

In witness whereof, the parties hereto hereby execute this agreement.

IDAHO DEPARTMENT OF HEALTH AND WELFARE

by: Walter H. Klein  
signature

title

FEB 01 1979

date

IDAHO DIVISION OF VOCATIONAL REHABILITATION

by: Raymond L. Turner  
signature

title

date

1/17/79

TN • <u>81-2</u>	DATE APPROVED <u>7/16/81</u>
SUPERSEDES	EFFECTIVE DATE <u>1/1/81</u>
TN • _____	DATE <u>7/16/81</u>
COMMENTS	

COOPERATIVE AGREEMENT BETWEEN THE IDAHO DIVISION OF WELFARE  
AND THE IDAHO DIVISION OF HEALTH TO MEET THE REQUIREMENTS  
OF THE TITLE XIX, TITLE V AND TITLE X PROGRAMS

Background

The Division of Health and the Division of Welfare, Department of Health and Welfare, State of Idaho, have both respective and mutual responsibilities in providing medical and related services to Idaho citizens. To enhance a cooperative and coordinative relationship between these divisions in carrying out these responsibilities and to meet the requirements of the Social Security Act, a formal agreement is hereby executed.

Applicability

This agreement specifically refers to relationships of the two divisions concerning the Title XIX (Medical Assistance) Program, the Title V (Maternal and Child Health and Crippled Children's Service) Program and the Title X (Family Planning) Program in Idaho.

SECTION I: OBJECTIVES

A. Mutual Objectives and Responsibilities

The following objectives are set forth as requiring participation of both agencies in meeting the needs of eligible Idaho citizens. The divisions will participate in:

1. promoting public health nursing services for all families in need of those services in 44 Idaho counties;
2. providing continuing implementation and monitoring for the statewide perinatal care improvement plan;
3. serving as a focal point for statewide planning of health education, disease prevention, treatment and medical rehabilitative services for mothers and children;
4. providing professional, technical and financial assistance to local health agencies, volunteer health agencies and other groups and individuals engaged in the delivery of health services to all mothers and children;
5. continuing to provide educational information to all beneficiaries of Title XIX services;
6. maintaining communication linkages between 31 family planning clinics and access points in education agencies and other relevant health and social service agencies.

IN • <u>82-2</u>	DATE APPROVED <u>05/05/82</u>
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IN • <u>81-2</u>	DATE TO GO <u>05/05/82</u>
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B. Semiannual Reviews

Designed individuals from each agency will meet twice annually to review progress toward meeting these mutual objectives.

C. Record Keeping

Each agency will maintain those records specified by State and federal regulations, and the two agencies agree to provide summary reports upon request of the other agency.

D. Referrals for Diagnosis and Treatment

Title XIX field staff will refer presumptively eligible individuals to appropriate Title V programs during intake and redetermination interviews. Title V field staff will refer presumptively eligible individuals to appropriate Title XIX services during the application process and as appropriate at time of service delivery.

SECTION II: SERVICES

A. Early and Periodic Screening, Diagnosis and Treatment Program

All eligible parents and children who are potential participants in the Health Check Program (EPSDT) will be informed of the screening opportunities through written and face-to-face contact by staff. Informing staff will be located in both eligibility determination units and Health Check Program units. Title V services available for clients will be explained at this time, as well as Health Check services, as part of the intake process.

Delivery of Health Check services will be according to Section 3-9100 of the Medical Assistance Manual. Delivery of Title V services will be coordinated according to the State Title V Plan, "Methods of Administration."

B. Bureau of Child Health Crippled Children's Service

1. Conditions Covered

- a. Orthopedic Rehabilitation
- b. Cleft Lip and Palate Program
- c. Neurologic Program
- d. Cystic Fibrosis Program
- e. Adult Cystic Fibrosis Program
- f. Cardiac Program
- g. Plastic Surgery Program

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## 2. Other Services

Services under the Maternal and Infant Care, Dental, Maternal and Child Health, Family Planning, and Women and Infant Care Programs are available according to program-specific eligibility factors on file with the Bureau of Child Health; these factors are listed in materials shared with all field units as appropriate. Refer to State Health Plan for specific information on programs.

### SECTION III: COOPERATIVE ARRANGEMENTS

#### A. Organization Charts

Organization charts indicating relative program responsibilities and relationships within the bureaus are attached as Appendix I.

#### B. Responsibility

The Bureau of Child Health, Division of Health, and the Bureau of Benefit Payments, Division of Welfare, are responsible for directing and carrying out the cooperative and collaborative relationships of this agreement.

#### C. Implementation

Implementation of this agreement and revision of any policy relative to this agreement will be carried out through the above-mentioned semiannual reviews.

### SECTION IV: METHODS

#### A. Early Identification

Early identification of individuals under 21 in need of medical or remedial services shall be accomplished through the EPSDT program and through Title V and Title X field unit eligibility application process.

#### B. Reciprocal Referrals

During the intake period and at succeeding times as appropriate, presumptively eligible individuals for each agency's programs shall be informed and referred.

#### C. Health Service Coordination

To avoid duplication of services, treatment plans for recipients shall be coordinated by district health department and regional Health and Welfare staff at the local level.

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D. Payment or Reimbursement

Payment or reimbursement for service delivery shall be through established Department procedures and according to approved fee schedules to any eligible provider. Billing shall be through the central unit of the Bureau of Child Health (or through District Health Departments by virtue of fee collection authority delegated by the Bureau), and payment shall be achieved through the Bureau of Benefit Payments. As stipulated in federal requirements, reimbursement monies shall be budgeted and expended within the same program as earned.

E. Exchange of Reports

Each party will provide summary reports of service data, including, but not limited to, such information as comparative referral rates by region and percent of medical assistance recipients served in each of the Title V programs, to be reviewed during semiannual meetings between Central Office bureau chiefs of both programs. These data will be disseminated to division administrators and field staff as appropriate.

F. Periodic Review

The provisions of this agreement shall be subject to review and change as appropriate during the semiannual meetings of Central Office bureau chiefs as described above.

G. Continuous Liaison

Central Office bureau chiefs of the respective programs shall maintain liaison between staff through the regional directors and the district health department directors at the local level.

H. Joint Evaluation

Joint evaluation of policies that affect the cooperative work of the parties to this agreement shall be accomplished during the above-mentioned semiannual meetings, shall be based upon data supplied through summary reports and evaluated upon joint standards as developed during the semi-annual review meetings.

SECTION V: FEDERAL FINANCIAL PARTICIPATION

Federal financial participation in Title V and Title X programs shall be provided by the Title XIX system as reimbursement for services according to the following provisions:

- A. Title XIX reimbursement shall be considered "first dollar" expenditures;
- B. All projects must:
  - 1. have a fee schedule;

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2. ask every patient if they have third party benefits;
  3. must bill all third parties for reimbursable services;
- C. All payments made to projects shall be consistent with the State's medical assistance plan.

This agreement will be in continuous effect, subject to annual review and/or revision by the two divisions.

E. S. Gallagher M.D.  
Edward S. Gallagher, M.D.  
For the Division of Health

23 Feb. '82  
Date

Theo M. Murdock  
Theo M. Murdock  
For the Division of Welfare

2-23-82  
Date

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